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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/393,995 07/03/2002 *as de*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*** **\*\* SMALL ENTITY \*\***  
 10/15/2003 *of none*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WV	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <i>ef</i>				

**ADDRESS**

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**TITLE**

Compositions and methods for the detection of human T cell receptor variable family gene expression

<b>FILING FEE RECEIVED</b> 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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